

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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NAME: AMERICAN SAMOA POWER AUTHORITY

ADDRESS: UTULEI
PAGO PAGO, AS 96799

FACILITY: UTULEI SEWAGE PLANT

LOCATION: UTULEI
PAGO PAGO, AS 96799

ATTN:FA'I MAREKO

AS0020001
PERMIT NUMBER

001Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799

MAJOR \$

DISCHARGE 001Q/QUARTERLY

External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	12	31	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT	*****	*****		*****						
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	DISCRT
Static 20Min Chronic Strongyl. Purpuratus	SAMPLE MEASUREMENT	*****	*****		*****						
TTS3L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	tox chronic		Quarterly	COMP24
Static 20Min Chronic Dendraster Excentri	SAMPLE MEASUREMENT	*****	*****		*****						
TTS3N 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	tox chronic		Quarterly	DISCRT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)